

1 **EXHIBIT B**

2 **Medical Referral for X-rays**

3 **Referring Physician:** Dr. Vinson Christenson

4 **Referral Date:** March–April 2025

5 **Facility:** Reno Diagnostic Centers

6 **Purpose:** Referral for X-rays and additional imaging for injuries sustained in March 19, 2025 vehicle collision.

7 Submitted in support of:

8 **Plaintiff's Motion for Extension of Time to File Reply**

9 Case No. 3:24-cv-00526-ART-CSD

U.S. District Court, District of Nevada

10 Submitted by:

11 **Drew J. Ribar**

12 Plaintiff, Pro Se



Exam Date/Time:	Patient Name: <b>Ribar, Drew</b>	Date of Birth: <b>5-9-68</b>
Patient Home/Work/Cell Number: <b>775-223-7899</b>	Patient Email: <b>Drewribar@Gmail.com</b>	
<div style="display: flex; justify-content: space-between;"> <div style="width: 65%;"> <p>Exam #1 Requested: <b>C-SPINE X-RAY 7 VIEW AP, LAT, FLEX, EXT. OBLIQUE APOM</b></p> <p><input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT <input type="checkbox"/> BILATERAL</p> </div> <div style="width: 30%;"> <p>CONTRAST: <input type="checkbox"/> W/ <input type="checkbox"/> W/O <input type="checkbox"/> W/ &amp; W/O</p> <p><small>Radiologist may modify CT or MRI use of contrast media based on patient's history.</small></p> <p><input type="checkbox"/> No, radiologist may not change exam protocol unless new written or verbal order is obtained.</p> </div> </div>		
<p>Reason for Exam #1 (signs/symptoms - no R/O diagnosis): <b>S13.4XXA</b> → ICD-10 Code:</p>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 65%;"> <p>Exam #2 Requested: <b>T-SPINE X-RAY AP, LAT, SWIMMERS</b></p> <p><input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT <input type="checkbox"/> BILATERAL</p> </div> <div style="width: 30%;"> <p>CONTRAST: <input type="checkbox"/> W/ <input type="checkbox"/> W/O <input type="checkbox"/> W/ &amp; W/O</p> <p><small>Radiologist may modify CT or MRI use of contrast media based on patient's history.</small></p> <p><input type="checkbox"/> No, radiologist may not change exam protocol unless new written or verbal order is obtained.</p> </div> </div>		
<p>Reason for Exam #2 (signs/symptoms - no R/O diagnosis): <b>S29.012A</b> → ICD-10 Code:</p>		
<p>Additional Exam(s)/Notes: <b>EXAM #3 L-SPINE X-RAY AP, LAT, FLEX, &amp; EXT. HAVE AP VIEW BE A LUMBOPELVIC VIEW</b> <b>S39.012A</b></p>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p><input type="checkbox"/> <b>Normal</b> Report will be faxed within 24 hours.* Provider fax number:</p> </div> <div style="width: 30%;"> <p><input type="checkbox"/> <b>Expedited</b> Report will be faxed within 4 hours.* Provider fax number:</p> </div> <div style="width: 30%;"> <p><input type="checkbox"/> <b>STAT</b> Report will be called within 2 hours.* Provider cell phone:</p> </div> </div>		

\* Except for after hours, weekends, and holidays.

All images are immediately available online at [www.RenoDiagnosticCenters.com](http://www.RenoDiagnosticCenters.com)

Referring Offices: Please call 775-336-5549 for access.

Send To:

Send Images On: ☐ CD ☐ Paper ☐ Patient to hand carry

Previous Images Located:

Name of Health Plan:

ID #:

Authorization #:

RDC cannot obtain authorization for same day or STAT exams.

Referring Provider Signature:

Referring Provider Name & Address:

Today's Date:

Please bring this requisition with you.

Please check location.

\*See back for maps.

☐ **Downtown Reno**  
590 Eureka Ave.  
Reno, NV 89512

☐ **Southwest Reno**  
625 Sierra Rose Dr.  
Reno, NV 89511